





NEURODEVELOPMENTAL IMPACT OF FASD & MENTAL HEALTH IMPLICATIONS

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Goals of presentation

- Expanding understanding of the relationship of FASD and mental health creates more realistic expectations for the children
- Realistic expectations change our behaviors toward children
- Provide a framework for interventions

Streissguth Secondary Disabilities

Individuals between the ages of 12 and
 51

- 95% will have mental health problems

FAS frequency in high risk children

- Fetal Alcohol Syndrome
 13 children out of 661 (2%)
- Fetal Alcohol Spectrum Disorder

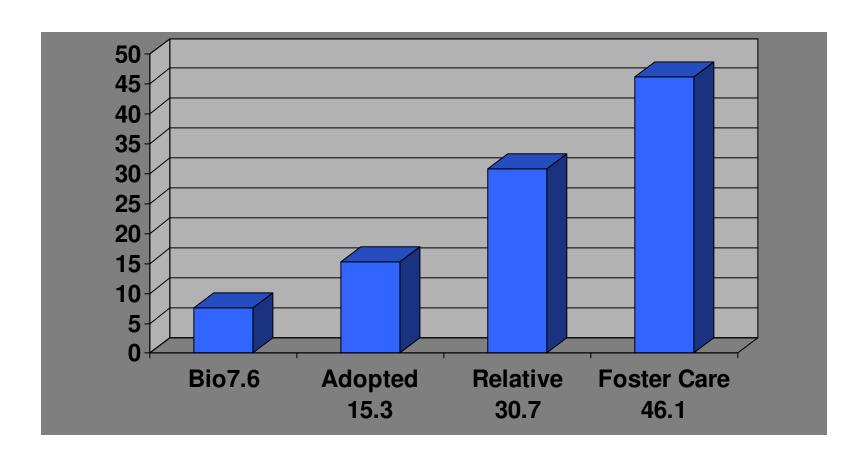
(Fetal Alcohol Effects)

(Alcohol Related Neurodevelopmental Disorders)

Statistic

250 children out of 661 (38%)

Placement of FAS Children Assessed at CTAC



What is trauma?

A. Overwhelming event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

B. Internalization of the experience that continues to impact perception of self, others, world, and development.

Trauma frequency on high risk children

None/Mild: FASD: 4.5% FAS:0%

Moderate: FASD: 34.4% FAS: 76.9%

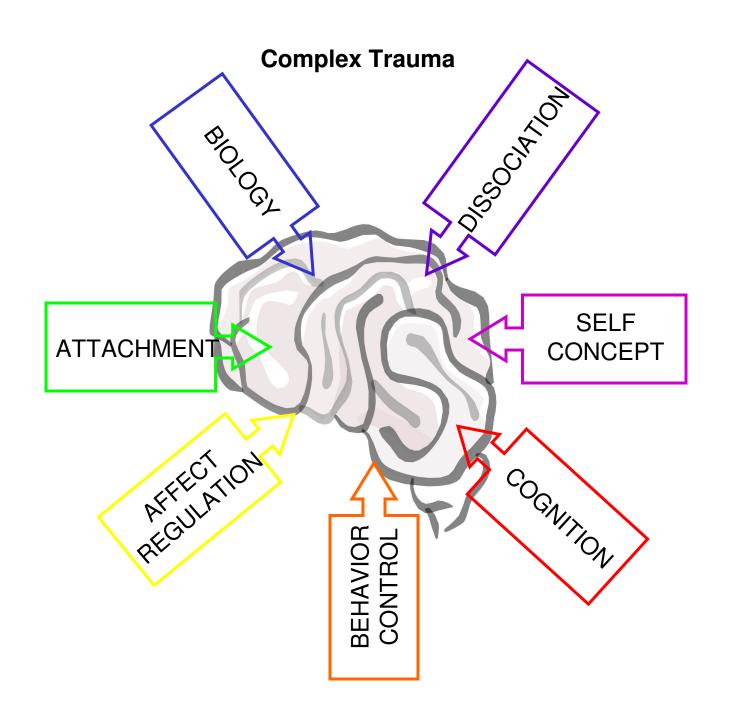
• Significant: FASD: 61.1%% FAS: 23.1%

What is complex trauma?

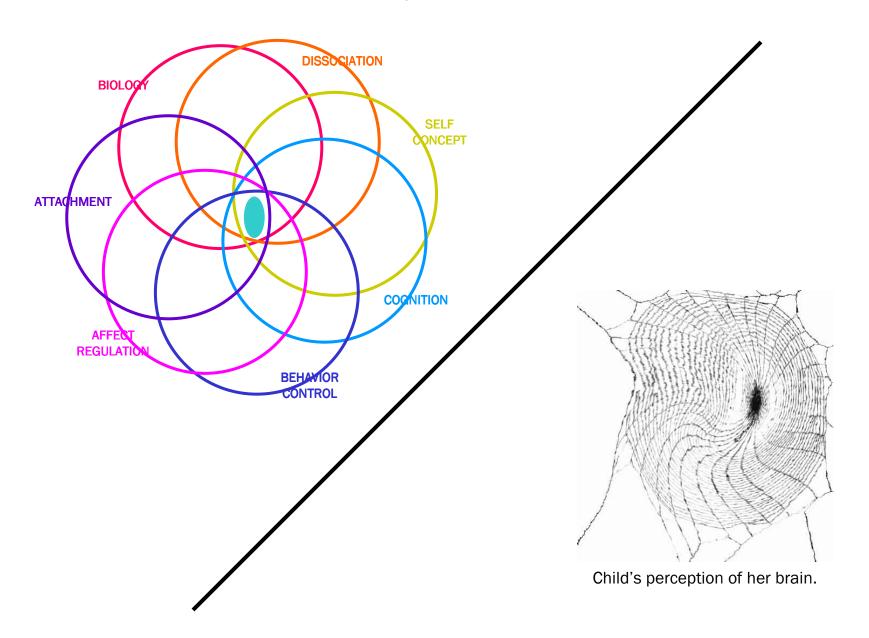
 Traumatic exposure to multiple traumatic events that occur within relational system and the subsequent impact

Often chronic and sequential and early in childhood

Relational trauma/attachment disturbances



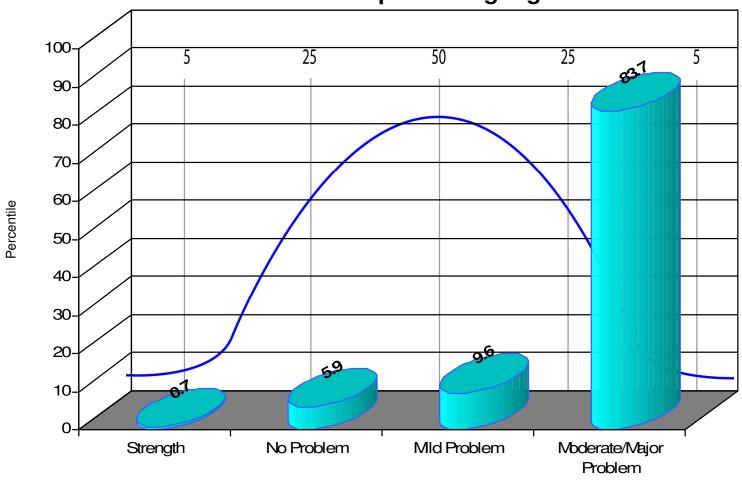
The complexity of complex trauma



Vulnerability

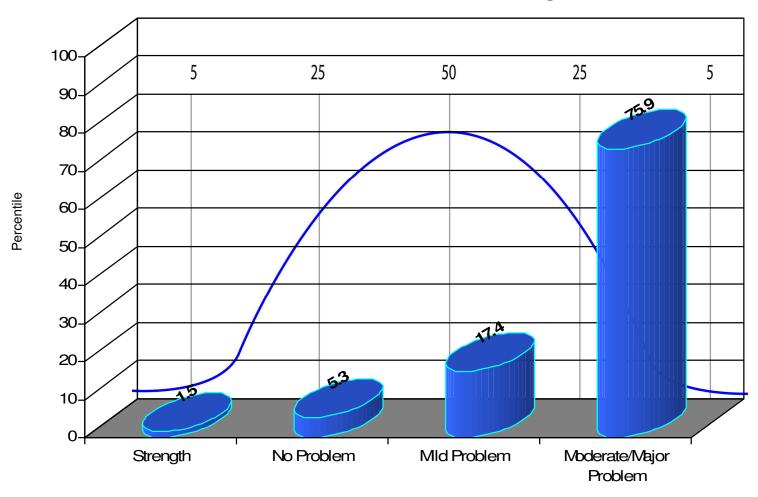
- Enduring detrimental effects of maternal alcohol use during pregnancy on child's development (Streissguth, 1994)
- Prenatal alcohol exposure is factor in delays noted in postnatal brain development (Huppi, 1996)
- Poor infant interactive capacities (Aitken, 1997) may result in limitations in social responsiveness which might in turn align with parental avoidance /rejection and even physical abuse

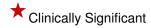
★ Receptive Language



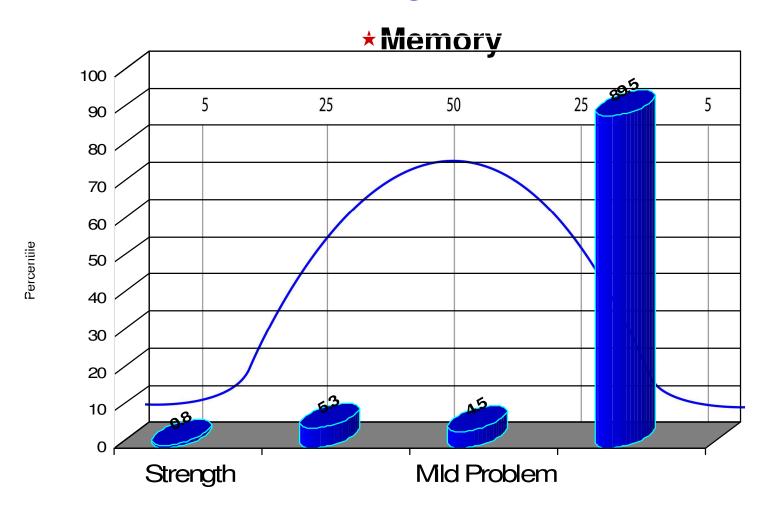
FASD/Trauma

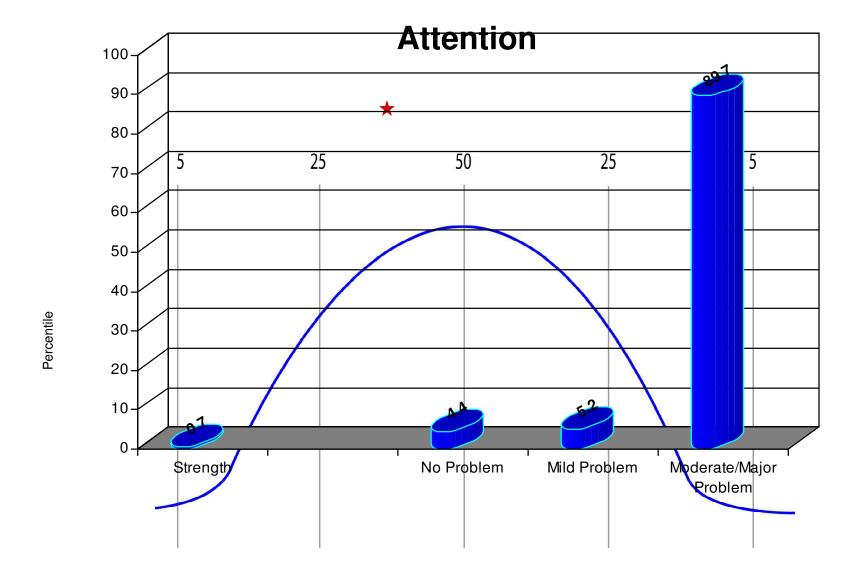
★ Visual Processing



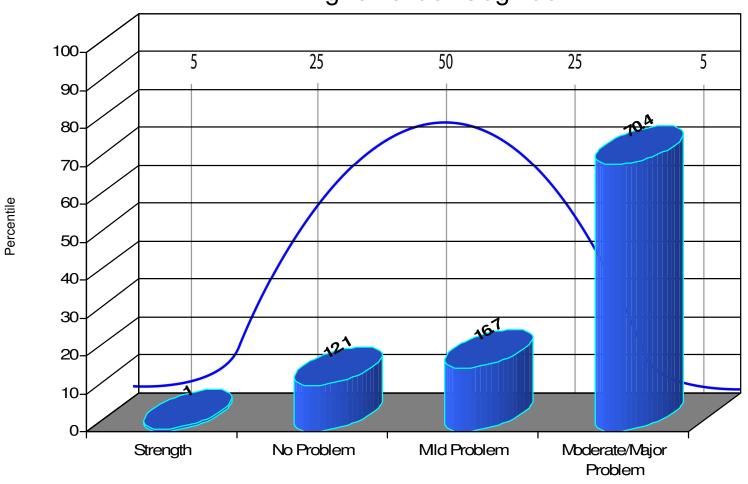


FASD/Trauma





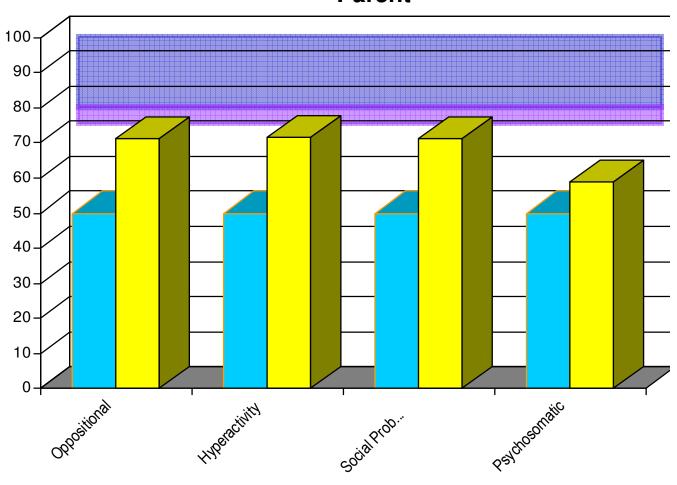
Higher Order Cognition

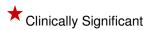


FASD/Trauma

CONNERS'

Foster Parent Parent

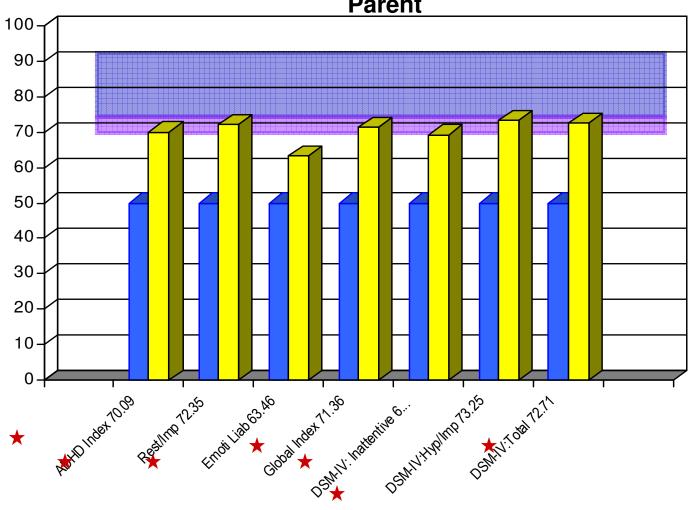




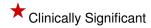
■ North ะ FASD/Traultitä

CONNERS'

Foster Parent Parent

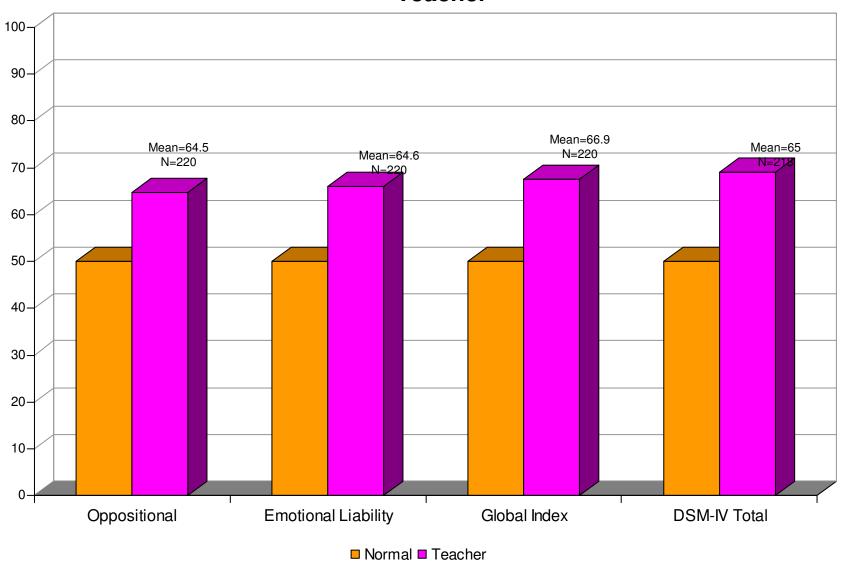


■ Normal □ FASD/Trauma



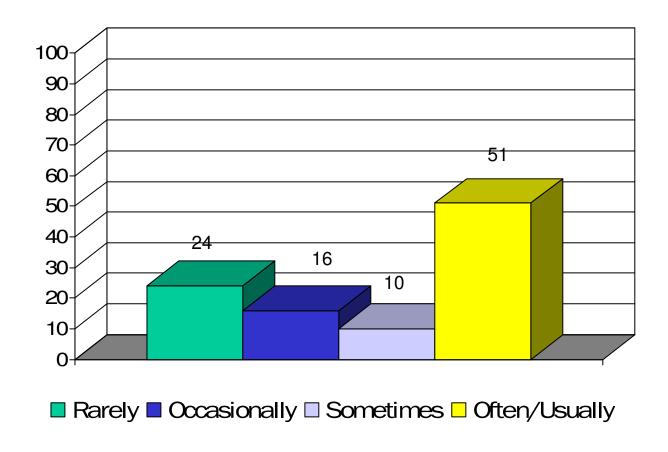
CONNERS'

Teacher



Reactive Attachment Disorder Questionnaire

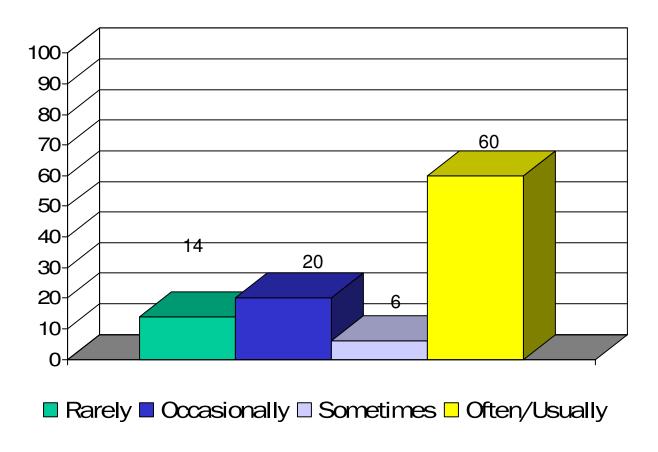
My child has a tremendous need to have control over everything, becoming very upset if things don't go his/her way.



FASD/Trauma N=80

Reactive Attachment Disorder Questionnaire

My child doesn't seem to learn from his/her mistakes and misbehavior



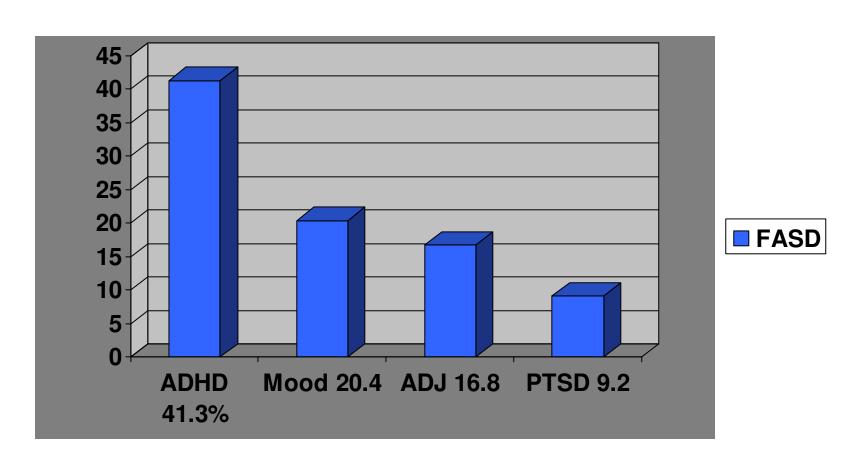
FASD/Trauma N=80

Psychiatric Illness & FASD UCLA, 1998 Research

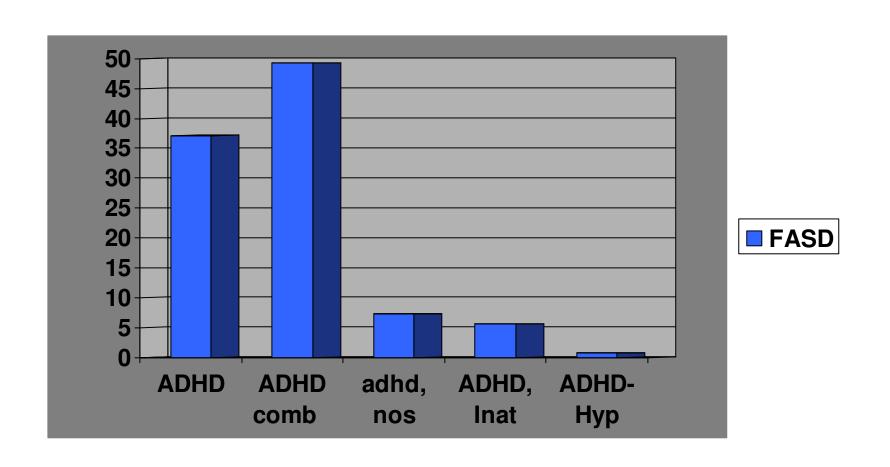
UCLA, 1998 Research

- Children with prenatal alcohol exposure are at high risk for developing major psychiatric disorders
- Incidence of mood disorders is very high
- May begin as adjustment disorders with depressed mood
- Risk for mood disorders is related to the structural changes that occur in the brain as a result of prenatal alcohol exposure
 - A remarkable degree of psychopathology &
 - Poor social adaptation in children exposed to prenatal alcohol

Mental Health Diagnosis and FASD



ADHD Diagnosis with FASD



New Hope

- Odds of escaping adverse life experiences associated with prenatal alcohol exposure are improved 2-4 times with:
 - Early diagnosis
 - Being raised in a stable, nurturing environment

• Streissguth, 2004

Interventions

Caregiver

- Anticipates and assists in planning for child
- Verbalizes self-talk
- Models coping, regulation and other strategies

• Impulse Control

- Establish "Stop-Calm-Think" sequence
- Allow child to have "impulse/fidget" toy
- Teach positive self talk
- Process events to encourage learning

Interventions

- Rules
 - Keep self safe
 - Keep others safe
 - Keeps the world safe
 - Does best to be a good listener

Care of fetal alcohol exposed children

- Caregiver self care and regulation skills
- Acknowledge and understand the reality of child's situation
- Nurture the child's strengths
- Include supportive services for self and child
 - Counseling, OT, Speech & Language,
 Support Groups

Finding a Therapist

- Knowledgeable or willingness to become knowledgeable about the subject that concerns you
- Well trained, widely experienced and aware of current research and alternative treatments
- Awareness that therapeutic interventions including talk and/or behavioral interventions are not the best fit by them selves
- Interview to ensure therapist is a "real" person (relationship is key to successful therapy)

Adaptation

- Parental and social support is key mediating factor in determining adaptation to victimization
 - Believing and validating child's experience
 - Tolerating child's affect
 - Managing own emotional response

2 Most Important Protective Factors

- People diagnosed
 with FAS or FASD
 early in life are more
 likely (2-4 times) to
 escape social &
 relationship problems
- *Streissguth, 04

- People raised in a stable & nurturing environment are more likely (2-4 times) to escape social & relationship problems
- *Streissguth, 04

Age of FAS/ FASD Diagnosis

»	<u>FAS</u>	FASD	NONE
AGE (YRS)			
0-3	2.6%	27%	58.2%
3.1-5.11	1.7%	32.5%	50.8%
6.0 +	.8%	33.1%	51.6%

Neurobioseedback

- Provides
 psychophysiological
 feedback to help
 improve functioning
- 4 types of brain wave
 - Delta-sleep
 - Alpha&Thetameditation/drowsines
 - Beta-waking

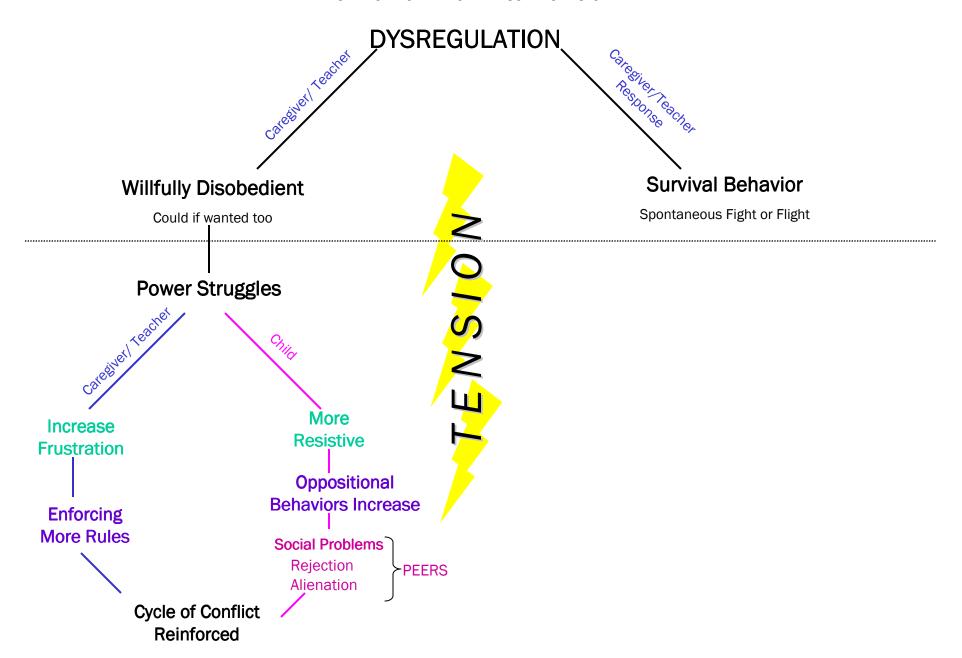
- Treatment for
 - ADHD

 (attention/concentration),
 anxiety, depression,
 headaches, epilepsy,
 trauma
- Beta waves
 - Underarousal
 - depression
 - Overarousal
 - Anxiety
 - OCD
 - Excessive stress

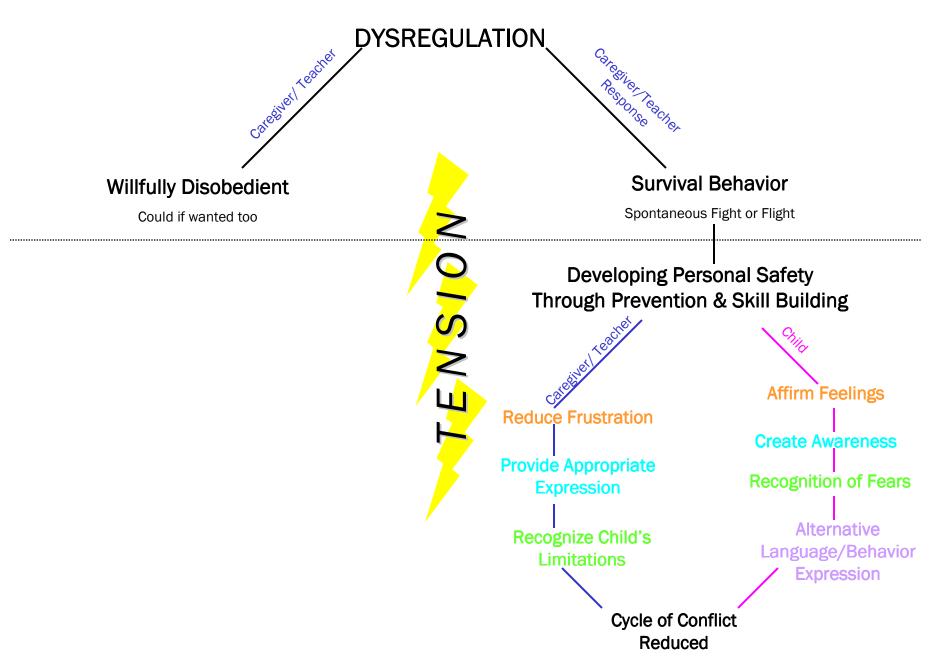
Framework for Behavioral Intervention

DYSREGULATION Survival Behavior Willfully Disobedient Spontaneous Fight or Flight Could if wanted too ENSIO

Framework for Intervention



Framework for Intervention



Framework for Intervention

